



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/330,903	<b>FILING DATE</b> 06/11/1999 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 6513/061US1
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**APPLICANTS**
 IGOR GONDA, SAN FRANCISCO, CA ;  
 HANS SCHREIER, SEBASTOPOL, CA ;
**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/089,146 06/12/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/20/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**
 CAROL L FRANCIS  
 BOZICEVIC FIELD & FRANCIS LLP  
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 MENLO PARK, CA 94025
**TITLE**

METHODS OF DELIVERING AEROSOLIZED POLYNUCLEOTIDES TO THE RESPIRATORY TRACT

<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/330,903	06/11/99	514	1635	6513/061US1

APPLICANT

IGOR GONDA, SAN FRANCISCO, CA; HANS SCHREIER, SEBASTOPOL, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 60/089,146 06/12/98

RS

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

RS NONE

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

RS NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/20/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>RS</u> Examiner's Initials _____ Initials _____					

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TITLE

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